PART B - ISSUE FEE (S) TRANSMITTAL Complete and mail this form, together with applicable fees, to: **Box ISSUE FEE Assistant Commissioner for Patents** AUG 0 3 2005 Washington, D.C. 20231 MAILING INSTRUCTIONS: This form should be used for translating the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating 100-100 FEE ADDRESS for maintenance fee notifications CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: The certificate of mailing below can only be used for domestic mailings of the F Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate REED SMITH LLP **SUITE 1400** Certificate of Mailing 3110 FAIRVIEW PARK DRIVE I hereby certify that this Issue Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop addressed to the Box FALLS CHURCH, VA 22042 Issue Fee address on the date indicated below. 08/04/2005 HBEYENE2 00000150 10808510 1400.00 GP (Depositor's name) 01 FC:1501 (Signature) 300.00 DP 02 FC:1504 (Date) <u>9 00 00</u> 03 FC:8001 APPLICATION NO CONFIRMATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. NITT.0204 5519 10/808,510 03/25/2004 Hideyuki Matsuoka TITLE OF INVENTION: SEMICONDUCTOR MEMORY CELL AND METHOD OF FORMING SAME PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE ISSUE FEE APPLN. TYPE SMALL ENTITY \$1400 \$1700 08/05/2005 NO \$300 nonprovisional CLASS - SUBCLASS **EXAMINER** ART UNIT ABRAHAM, FETSUM 2826 257-330000 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Change of correspondence address or indication of □Fee Address* (37 CFR §1.363). Use of PTO form(s) and Customer Number are recommended, but not required Reed Smith LLP or agents OR, alternatively, (2) the name of a ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) single firm (have as a member a registered attorney or agent) and the names of up to 2 2. Stanley P. Fisher, Esq. registered patent attorneys or agents. If no ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. name is listed, no name will be printed 3. Juan Carlos A. Marquez, Esq. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE HITACHI, LTD. Tokyo, Japan Please check the appropriate assignee category indicated below (will not be printed on the patent) 4a. The following fees are enclosed: ☑ Corporation or private group entity ☐ individual ☐ government 4b. Payment of Fee(s): X Issue fee

ΙXΙ Publication Fee A check in the amount of the fee(s) is enclosed. 3 Advance Order - # of Copies: Payment by credit card. Form PTO-2038 is attached. X The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-1480 (enclose an extra copy of this form)

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above August 3, 2005

(Authorized Signature)

(Date)

Stanley P. Fisher Reg. N Marquez Rgs. No. 34,072 nired) will not be accepted from anyone other than the applicant; a or other party in interest as shown by the records of the Patent and ublication Fee (If required) will not be NOTE: The Issue Fee and Trademark Office

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, ssioner for Patents, Washington, D.C. 20231

ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it Under the Paperwork Reduction Act of displays a valid OMB control number

> TRANSMIT THIS FORM WITH FEE(S) Page 2 of 3

PTOL-85 (Rev.07-01) Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE